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ABSTRACT

In spite of growing attention to the negative psychological and physiological consequences of bulimia, little has been written on its treatment. A comprehensive group treatment program was developed to increase the bulimic's comfort with herself and her body. Subjects were five single females (four college students and a nurse) who participated in 7 weekly sessions and a follow-up session 10 weeks later. Goals of the program were to help the women gain control over their lives and to identify and modify eating habits. Bulimia was presented as a learned habit rather than an incurable disease. Sessions dealt with coping, self-esteem, anger and assertiveness, cultural expectations, body image, and self-expectation. Preliminary results indicated that by the end of the treatment, binging and purging were reduced by over two-thirds. The women also showed improvement in body image and self-esteem, and decreased depression, suggesting that bulimia may be more than a circumscribed eating disorder and that treatment of other areas may be necessary. Changes were maintained at follow-up with continued improvement in four subjects. One atypical subject became worse during the course of treatment, suggesting that all bulimics may not benefit from group treatment. Better screening procedures are needed to identify those persons. (JAC)

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A MULTIFACETED GROUP TREATMENT OF BULIMIA

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ABSTRACT

This paper describes the development and preliminary assessment of a multifaceted group approach to bulimia. Results for five female participants on standardized measures indicated a dramtic decrease, maintained at follow-up, in the frequency of binges and purges, along with improvements in body image, self-esteem and depression. The implications of these findings are discussed.

A MULTIFACETED GROUP TREATMENT OF BULIMIA

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INTRODUCTION

In 1980, the term bulimia first appeared as a diagnostic entity in DSM-III. Its clinical features include rapid consumption of food in a short period of time followed by attempts to counteract this excessive intake by self-induced vomiting, laxative abuse or extreme dietary restriction. Self-deprecating thoughts and a sense of a loss of control typically follow this behavior (DSM-III, 1980). Although bulimia was once considered a rare disorder (Bruch, 1974), recent studies indicate an increase in its frequency in both clinical (Stangler and Prinz, 1980) and subclinical (Halmi et al, 1981; Katzman et al, in press; Pyle et al, 1983) populations.

In spite of growing attention to bulimia and its negative psychological (Hawkins and Clements, in press; Wooley and Wooley, 1981) and physiological (Mitchell and Pyle, 1981) consequences, there has been very little written on the treatment of this disorder. Existing treatment has focused primarily on the modification of eating habits rather than the personality

deficits that may co-exist with this disorder (Fairburn, 1981; Rosen and Leitenberg, 1982). Although some authors view bulimia as a circumscribed eating disorder (Rosen and Leitenberg, 1982), other researchers have suggested that bulimic women suffer from depression (Boskind-Lodahl, 1976; Hawkins and Clement, in press; Katzman and Wolchik, in press; Russell, 1979; Pyle et al, 1981), low self-esteem (Boskind-Lodahl, 1976; Hawkins and Clement, in press; Katzman and Wolchik, in press), poor body image (Hawkins and Clement, in press; Katzman and Wolchik, in press), perfectionistic tendencies, and a high need for approval (Boskind-Lodahl, 1976; Katzman and Wolchik, 1983). These observations have been empirically assessed by Katzman and Wolchik (in press). Their findings indicate that when compared to controls, bulimics suffer from greater depression, lower self-esteem, poorer body image, a more severe need for approval and higher self-expectations. In addition, it appears that binge eating is often precipitated by a difficulty in handling negative emotional states such as anger or anxiety (Abraham and Beumont, 1982; Katzman and Wolchik, 1983; Leon et al, 1982; Pyle et al, 1981) for women who are trying to attain unrealistic cultural goals for thinness (Boskind-

Lodahl, 1976). Despite the awareness of these clinical features associated with bulimia, no treatment program for this eating disorder has systematically addressed them in its approach.

This paper describes a comprehensive group treatment program that was developed, based on the above research findings. In contrast to previous treatment programs, the group's goal was to increase the bulimic's comfort with herself and her body. While behavior modification was used to help the woman gain control over her dysfunctional eating pattern, most of the attention was on developing new competencies rather than the binge-purge cycle itself. What follows is a description of the program format, along with the theory within which each session is rooted. Together with this are presented results of a preliminary investigation which allows for tentative conclusions regarding the efficacy of this approach. Although the results of the measures are presented, the main thrust of this paper is a description of the treatment.

METHOD

Patients

Five single females with a history of bingeing

followed by self-induced vomiting or laxative abuse participated in the group. At presentation, they were averaging 47 binges and 43 purges a month. These women were recruited for a binge-purge self-enhancement group through ads in student papers and referrals from within the hospital. They participated in the group following a preliminary, individual interview. The mean age of the women was 21, with a range from 18 to 28. Four of these were college students; one was a nurse. Three of the patients had a history suggestive of anorexia nervosa, but at presentation all five were within 20% of the average weight for their height and age (Metropolitan Life Insurance, 1983).

Our impressions of these patients were consistent with previously reported clinical observations (Boskind-Lodahl, 1976; Pyle et al, 1981). These women were all bright, attractive, achievement-oriented college aged women who despite their achievements and professed desire for independence, highly endorsed the traditional feminine stereotype and measured their success by how attractive they appeared to the opposite sex.

Treatment

Treatment was conducted on an outpatient

basis. It consisted of seven weekly 1½ hour group sessions and one follow-up session ten weeks after the termination of the group. Treatment was both didactic and experiential. A treatment packet was developed for each session which consisted of reading materials, exercises and homework for that particular session. It was intended to be used as a workbook and as a self-help guide for maintenance after termination of the program. The packet also included a binge-purge diary where women were asked to record what they ate, their feelings and thoughts prior to eating and alternative coping skills they could have used.

The primary goal of the group was to help women gain control over their lives. A parallel goal was the identification and modification of eating habits. Homework assignments included behavioral exercises, reading and keeping a binge-purge diary. Each session focused on a particular topic which addressed a personality or behavioral deficit associated with research findings on bulimia. These topics included information about bulimia, developing alternative coping strategies, self-esteem, perfectionism, depression, anger, cultural expectations of thinness for women and enhancing body

image. Following is a detailed description of each session.

Session 1: Education and Information

Following introductions and goal-setting, an educational overview of bulimia was given. This included both a description of the problem as well as associated psychological and physical health hazards. Women were told that the main emphasis in the group was to raise self-esteem. They were encouraged to talk about feelings rather than food intake. It was stressed that bingeing and purging were not outside their control but learned behaviors that could be modified if they were willing to take the responsibility. Bulimia was presented as a bad habit rather than as an incurable disease. This gave them a sense of competency and control over their lives and instilled hope. Because of the bulimic's tendency to be very perfectionistic, group members were told to hold realistic expectations of change. The attenuation of bingeing and purging was stressed rather than the complete alleviation of the symptom.

Group cohesiveness was encouraged by dealing with issues of shame, guilt and disgust about their behavior, their sense of isolation and societal expecta-

tions of being thin.

During this session, a pre-treatment assessment package was administered. This included the Katzman and Wolchik (1983) operationalized criteria for bulimia, the Kurtz (1969) body attitudes test, the Rosenberg (1979) Self-Esteem Inventory, and the Beck Depression Inventory (Beck, 1961). These standardized measures were used to objectify patients' self-reports.

The first week's homework was to read and review information about bulimia and to start recording in the binge diary.

Session 2: Eating as Coping: Developing Alternative Coping Strategies

In this session, the binge diaries were reviewed and used to identify feelings prior to losing control. Alternative coping responses for each woman were suggested. A handout was developed to help women restructure their cognitions surrounding their eating behavior. Women were also given an overview of alternative stress management techniques.

In addition, some basic information on nutrition and weight loss was presented because bulimics tend to have very distorted conceptions of what is "normal"

food intake. They were shown that it is possible to eat a larger quantity of food than they perceived possible in order to maintain their weight. They were encouraged to eat three meals a day rather than starve themselves which inevitably leads to bingeing behavior.

For homework, they were asked to review the materials and to develop their own list of alternative coping behaviors.

Session 3: Self-esteem, Perfectionism and Depression

The relationship between depression, self-esteem and perfectionism was discussed in this session. Typically, bulimics set unrealistic goals. Failure to attain these goals results in frustration. The consequent depression and loss in self-esteem leads to binge-eating to alleviate these negative states which further perpetuates this cycle. Women participated in three exercises, one to help them identify the "shoulds" they conduct their lives by, a second one to help them learn ways to "nourish" themselves without food, and a third to help them identify their positive traits.

For homework, women were told to perform one "nourishing" activity other than eating and to ask three

people to tell them what they liked about them.

Session 4: Anger and Assertiveness

Since bulimics have trouble expressing negative emotional states, some assertiveness skills were reviewed, and a specific exercise on expressing anger was conducted.

For homework, they were told to say "no" to three things they didn't want to do anyway but felt they should and "yes" to three things that they would normally want but not allow themselves to have (Barbach, 1975). They were also asked to record situations where they felt angry and how they handled them.

Session 5: Cultural Expectations of Thinness for Women

Women

In this session, exercises focused on the socialization of the sexes and the ways in which women abuse themselves and their bodies in their quest to adhere to cultural definitions of the "perfect woman." The relation of these unrealistic expectations to the binge-purge cycle was discussed.

For homework, they were given the Body Mirror

exercise (Barbach, 1975) to become more accepting of their bodies. They were also requested to ask three people what they considered attractive or sexy. This was designed to make them aware that attractiveness is based on other features besides weight. They were also asked to bring in a magazine photo as they saw themselves and as how they wished to look. This allowed for feedback regarding their distorted perceptions of their body.

Session 6: Enhancing Body Image

Women identified their attractive features while group members provided feedback. This was to help them become aware that weight was not the sole criterion for beauty and that attractive behaviors (e.g., smiling) were equally important.

For homework, they were asked to pick one of their "attractive behaviors" and exaggerate it, i.e., to change something behaviorally that would improve their attractiveness. They were also told to change something in their appearance aside from losing weight.

Session 7: Closure

In the last session, each person's progress was assessed and future directions were suggested. Women were also prepared for relapse behavior. In view of the bulimic's high self-expectations, it was important to emphasize that relapses can occur and can serve as a cue to review and practice the new coping behaviors she had learned. In addition, group members were encouraged to continue to keep the binge-purge diary and to review their packet from time to time. The standardized measures given at the first session were re-administered at this time along with a questionnaire designed to assess changes in eating habits and to evaluate the program. Plans were made for a ten-week follow-up session at which time the measures were administered again.

RESULTS

The results reviewed in this section need to be seen as a preliminary test of this treatment program. Given the limited sample size, results were analyzed as a way of identifying possible trends in the data. Firm conclusions regarding this program await replication with a larger sample.

Results on standardized measures

Overall, the findings indicate that by the end of treatment, the frequency of bingeing and purging was reduced by over two-thirds of what it was at the beginning. These women also showed improvement in body image, self-esteem and depression. All of these changes were maintained at follow-up, with continued improvement in body image, self-esteem and depression. The means are listed in Table 1.

(Insert Table 1 about here)

A preliminary analysis of the data revealed strong parallel trends for four of the five women, with a clearly deviant pattern for the fifth patient. Since this patient was clearly different from the other four in age, occupation and in her general approach to the group, the results of these four patients will be presented as a group and compared with the results of the one atypical patient. (See Table 2)

(Insert Table 2 about here)

The data indicate that by separating the results of the four from the atypical group member, the findings become more dramatic. The atypical patient became worse during the course of treatment. At follow-up,

Means For All Group Members (N=5)

	Pre	*Post*	*F.U.*
# Binges/Mo.	47	13	15
# Purges/Mo.	43	12	23
Body Image ***	124	97	86
Self-Esteem *	27	25	19
Depression **	20	13	6

Using a one way ANOVA with repeated measures
*** = significantly different at P≤ .01
** = significantly different at P≤ .05
* = significantly different at P≤ .10

NOTE: High scores on the self-esteem measure reflect deficits in self-esteem.

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Comparison of Means For Four Group Members With Atypical Member

N = 4

	Pre	*Post*	*F.U.*
# Binges/Month ***	59	16	4
# Purges/Month *	54	12	14
Body Image **	127	95	91
Self-Esteem ***	29	24	17
Depression ***	24	12	6

N = 1

	Pre	*Post*	*F.U.*
# Binges/Month	1	5	60
# Purges/Month	1	15	60
Body Image	117	108	67
Self-Esteem	21	30	26
Depression	4	19	5

Using a one way ANOVA with repeated measures
*** = significantly different at P≤ .01
** = significantly different at P≤ .05
* = significantly different at P≤ .10

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her increase in her frequency of bingeing and purging became even more pronounced. However, her level of depression and self-esteem appeared to be returning to initial levels. The one area in which she improved was in body image. This unusual pattern of results will be discussed in the following section.

Results of the post-treatment questionnaire

The results of the post-treatment questionnaire were consistent with results on the standardized measure and provided additional qualitative data. In addition to a decrease in the number of binges and purges following treatment, the four patients also reported a decrease in the length and caloric content of the binge and an increase in the number of whole days without bingeing and the use of alternative coping strategies. In addition, two of the patients reported no longer weighing themselves daily. However, no group member indicated that she had established a three-meal a day eating pattern. The atypical patient changed in the opposite direction or showed no change in these behaviors. (see Table 3)

(Insert Table 3 about here)

Results On Post Treatment Questionnaire

	N = 4	*N = 1*
# Binges	↓	↑
# Purges after binging	↓	↑
Length of binge	↓	↑
# Whole days with no binge	↑	↓
Use of alternate coping strategies	↑	↓
Caloric intake of each binge	↓	no change
Weighing self daily	2↓	no change
	2 no change	
Eating 3 meals per day	no change	no change

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In response to open-ended questions, patients reported changes in areas other than eating behavior. They related that they were more accepting of themselves and better able to express their feelings in a constructive way. They were less critical of themselves and stated that they particularly benefited from exercises aimed at reducing their perfectionistic tendencies.

DISCUSSION

This paper described the application of a multifaceted group treatment approach to bulimia based primarily on the research findings of Katzman and Wolchik (in press) which suggests that bulimic women suffer from low self-esteem, poor body image, perfectionistic strivings and depression. Although the group focused primarily on enhancement of personal competencies, at post-test a dramatic reduction in the frequency of bingeing and purging occurred as well as a significant change in body image. Significant improvements were also demonstrated from pre-test to follow-up in self-esteem, depression and body image for the women participating in this group. These data suggest that bulimia may be more than a circumscribed eating disorder and that treatment targeted

at problems other than the disturbed eating pattern may be necessary.

Several features of this program deserve attention. Bulimia was presented as a learned habit rather than an incurable disease. This attitude forced patients to take responsibility for their behavior and instilled hope for change. The use of a packet in conjunction with group sessions helped extend the therapeutic value beyond the 1½ hour group session and gave members material to refer to during the week and even after the group terminated. Helping patients to accept themselves and not be perfectionistic was an integral first step in bringing about a reduction in the deviant eating behavior.

The findings that one patient moved in a diametrically opposing direction from the rest of the group warrants some comment. In a post-group interview with her, this patient related her "oppositional tendencies" which were reflected in her abusing food as a means of undermining authority. This suggests that all bulimics may not benefit from a standardized group treatment and that better screening procedures need to be developed to identify those patients.

Until this approach has been systematically

evaluated, these promising findings should be viewed with caution. Further controlled studies on larger samples need to be conducted.

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